

U.S. DEPARTMENT OF AGRICULTURE – Food and Consumer Service
 RACIAL/ETHNIC GROUP PARTICIPATION
 COMMODITY SUPPLEMENTAL FOOD PROGRAM
 FCS INSTRUCTION 113-2

To further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing regulation. *(Instructions on reverse of last copy)*

1. State	2. State #	L/A #	No. of Clients		
3. Reporting					
Local Agency name:					
Address:					
City:					
State:		Zip code:		Telephone #	
4. Reporting Year: April		ACTUAL NUMBER OF PARICIPANTS FOR THE MONTH OF APRIL			
5. PARICIPANTING BY RACIAL/ETHINC GROUP	(A) Women	(B) Infants	© Children	(d) Elderly	(E) Total
a. American Indian or Alaska Native					
b. Asian					
c. Black or African American					
d. Native Hawaiian or other Pacific Islander					
e. White					
f. Hispanic or Lantino					
g. More than one Race					
h. Totals (See Instructions)					
Date:	Title:		Signature:		

FORM FCS-191 (4-98) *Previous Editions are Obsolete*
 Electronic form Version Designed in Jetform 5.01version

ORIGAL- FCS REGIONAL OFFICE

NOTE: Total number of participants should agree with the data reported on the April form FNS-153 Monthly Report of the Commodity Supplemental Food Program and Quarterly Administrative Financial Status Report.

INSTRUCTIONS

This report will be prepared annually covering the month of April.

Local Agencies: shall forward the original and one copy to the State agency by the 7th day of July, retaining the second copy.

State Agencies: shall determine that reports have been received from all local agencies and review all information prior to forwarding the original copy to the appropriate FCS regional office in time to reach that office no later than the 31st day of July. The duplicate copy form shall be retained and used for analysis in monitoring local agencies and state agency compliance with civil rights requirements.

FCS Regional Offices: shall determine that all local agency reports have been received from the State agencies and reviewed for completeness. The regional office shall enter all local agency information into the National Master database by the 19th day of September.

Items: 1 and 4 – Self Explanatory

Item 2- For State agency, enter the 4-digit letter of Credit number. For local agency, enter the 3- digit identification number used in the previous year(s) that was assigned by FCS, New local agencies shall obtain this identification number from the state agency. The new local agency 3-digit number should be the next unused consecutive identification number. Enter the number (001 or more) of clinics under each local agency's supervision.

Item 3 – Enter the name , address and 10 digit telephone number for the local agency. This will be used as input information for the CSFP local Agency Directory.

Items 5a – 5e: Data should reflect the actual number of participants by racial/ethnic category who received commodity supplemental foods during the month of April.

Item 5f- Add columns A thru E.

Public reporting for the collection of information is estimated to take an average of 1-3/4 hours per response including time for reviewing Instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestion for reducing this burden to department of Agriculture, Clearance Officer, OIRM, P.O. Box 7630, Washington, D.C. 20250.

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